INSTRUCTIONS FOR COMPLETING THE FORM FOR REQUEST FOR UNCLAIMED FUNDS CRIMINAL

Follow these instructions if your name has appeared on the recently published Milwaukee County Treasurer's list of unclaimed funds being held by the Clerk of Circuit Court **Criminal Division:**

- On the form provided, clearly print the answer to each question in the space provided.
- Print your full name, including middle name. Provide maiden name if applicable.
- Provide your date of birth.
- Provide the date you prepared this request.
- Print the case number, if known or applicable.
- Provide daytime phone number(s) with area code so that we may contact you if we have questions.
- You must sign the request.
- Read the check box questions carefully before selecting and check only one.
- For the box you select, fill in the required information.
- Fill in your complete <u>current</u> address, including street address, apartment number, city, state & zip code.
- Fill in your complete <u>prior</u> address, including street address, apartment number, city, state & zip code.
- If submitting the form in the mail, you must submit a clear copy of your current state identification, driver's license or military ID. Requests won't be processed without proper identification.
- Mail your completed request form and current identification to:

Clerk of Circuit Court Criminal Division

821 West State St. SB117

C/O Unclaimed Funds - Refunds

Milwaukee, WI 53233

- We will call or write you if additional information is needed.
- Allow 3 to 4 weeks for processing.

NOTE: If your name appears on the Treasurer's list for the Civil Division of the Clerk of Circuit Court, you may either go to 901 N. 9th St. Courthouse Room 104 or call 414-278-4556 or 414-278-4557.

REQUEST FOR UNCLAIMED FUNDS CLERK OF CIRCUIT COURT/CRIMINAL DIVISION

(Please Print Clearly)

Name:			
Date of Birtl	h:	Date:	
Case #		Daytime Phone: (Include Area Code)	
(If K	nown or Applicable)	(Include Area Code)	
Signature: _			
With regard	to these funds: (Please C	Theck Only One Box)	
□ I paid	d them on behalf of myse For whom did you pay		
	What is your relationship	nip to that person?	
□ I am	claiming them on behalf For whom are you clai		
	What is your relationship	nip to that person?	
Your curren	t address (include city, sta		
Prior addres code):	s that was provided when	the bail/bond was paid (include city, state, & zip	
	ustomer Service Rep revie e a readable copy of indi	ewing this form:ividual's ID or Driver's License to this form.)	